



# NO School Spirits® 2021/2022 – PSA Contest Entry Form



## ALL PARTICIPANTS MUST COMPLETE ENTRY FORM

**Please print legibly**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ School: \_\_\_\_\_

Class Standing: ☐ 6<sup>th</sup> ☐ 7<sup>th</sup> ☐ 8<sup>th</sup> ☐ Freshmen ☐ Sophomore ☐ Junior ☐ Senior

I have read and understood the full WVABCA's "NO School Spirits" PSA contest "official rules" and agree to abide by those rules.

**Student Signature:** \_\_\_\_\_

***If under 18, Parent or Legal Guardian Signature Required Below.***

I have read and understand the full WVABCA's "NO School Spirits" PSA contest "official rules" and agree to abide by those rules.

I agree that my child may participate in the WVABCA's "NO School Spirits" PSA contest and my child has permission to enter this video contest. If needed, I or my child has obtained the necessary releases and permissions to enter this contest.

I further understand that all submissions become the property of the WVABCA and the WVABCA has full permission and authority to use, publish, and display my child's submission which may include his or her image and/or voice and also any writings, stories, or concepts in the submission.

I further will hold the WVABCA harmless for any acts or use of my child's submission. Participants must adhere to all COVID-19 regulations and take proper safety measures.

**Parent/Legal Guardian Signature:** \_\_\_\_\_

\*All participants are required to submit an entry form. All submissions require a project name for identification purposes. If submitting as a group or class, there must be one participant designated as the group leader and a faculty group leader. Please list your project name and group leader on all participants' paperwork. If submitting via YouTube, please include the video URL in the space allotted below. Incomplete entry forms could lead to point deduction and/or disqualification.

Submission Format: ☐ Fax ☐ YouTube ☐ DVD ☐ Email

Submitting Project as: ☐ Individual ☐ Group ☐ Class

Project Name: \_\_\_\_\_

Student Group Leader: \_\_\_\_\_ Email or Phone: \_\_\_\_\_

Faculty Group Leader: \_\_\_\_\_ Email or Phone: \_\_\_\_\_

Video URL: YouTube.com/\_\_\_\_\_

YouTube Video Title: \_\_\_\_\_



# NO School Spirits® 2021/2022 – PSA Contest Entry Form



## PHOTO/VIDEO WAIVER

I give the West Virginia Alcohol Beverage Control Administration permission to use photos. I understand the photos may be used in both printed and electronic materials. I understand these materials may be posted on the WVABCA's website, during presentations & distributed to TV and radio stations across WV.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

### **IF THE PARTICIPANT IS UNDER 18:**

I am the parent/legal guardian of the participant. I have read this release and agree to its terms.

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION**

Contact Name: \_\_\_\_\_ Relationship to Participant \_\_\_\_\_ Phone: \_\_\_\_\_

## **Submission Checklist**

***All information must be legible to judges***

**See Official Rules for Details**

### **1.) General Information:**

- ☐ Name ☐ Address/City/State/Zip ☐ Phone & Email ☐ Date of Birth ☐ School  
☐ Class Standing

### **2.) Signature:** ☐ Student Signature ☐ Parent/Legal Guardian Signature (if under 18)

### **3.) Submission Format:** ☐ YouTube ☐ DVD (mail to WVABCA) ☐ Video URL

**\*\* Submissions must have a title and must be viewable. IF password protected, please provide the password.**

- 4.) Submitting As(Video):** ☐ Individual ☐ Group ☐ Class
- |                                       |   |   |
|---------------------------------------|---|---|
| <input type="checkbox"/> Project Name | <input type="checkbox"/> Project Name         | <input type="checkbox"/> Project Name         |
| <input type="checkbox"/> Group Leader | <input type="checkbox"/> Group Leader         | <input type="checkbox"/> Email/Phone          |
|                                       | <input type="checkbox"/> Email/Phone          | <input type="checkbox"/> Faculty Group Leader |
|                                       | <input type="checkbox"/> Faculty Group Leader |   |

### **5.) Submitting Via(Entry Form):** ☐ Mail ☐ Fax ☐ E-mail

West Virginia Alcohol Beverage Control Administration  
ATTN: Gig Robinson  
Submission  
900 Pennsylvania Avenue, 4<sup>th</sup> Floor  
Charleston, WV 25302 Fax: 304-558-0081

NoSchoolSpirits@gmail.com  
Subject: No School Spirits Contest